

Hospital Name:     Roger Williams Medical Center	
Number of Licensed Beds:                      220	
Number of Staffed Beds:                      151	
Number of Units in Report:                      11	
Time Period Reflected in Report:   From: ____ 10/01/06 _____ To: __ 9/30/07 _____	
Name of Person Completing Report:        Mary Elizabeth Palumbo                      Patient Care Analyst	
Joanne Dooley                      Interim VP Patient Care Services/CNO	
CEO Signature:	Date:

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
West 4		Dual Diagnosis		0
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit			<input checked="" type="checkbox"/> Adult	
<input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit			<input type="checkbox"/> Pediatric	
<input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit			<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				10
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours	2	2	1
LPNs	NA			
CNAs	8 hours			1
Mental Health Worker	8 hours	2	2	
	8 hours			
<b>Total Direct Care Providers:</b>		4	4	2
<b>Comments:</b>				

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
West 3		Geriatric Psychiatry		0
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit      x <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				10
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours	2	2	1
LPNs	NA			
CNAs	8 hours	2	2	2
Other (Specify):	NA			
	NA			
<b>Total Direct Care Providers:</b>		4	4	3
<b>Comments:</b>				

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
Center 1		Addition Medicine / Level 4 Inpatient Detox		0
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			x <input checked="" type="checkbox"/> Adult  <input type="checkbox"/> Pediatric  <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				11
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours	2	2	1
LPNs	NA			
CNAs	8 hours			1
Mental Health Worker	8 hours	2	1.5	
	NA			
<b>Total Direct Care Providers:</b>		4	3.5	2
<b>Comments:</b>				

Patient Care Unit Name:		Specialty Service (i.e., orthopedics,		# of Telemetry Beds:
Emergency Department				
Type of Unit: (Check all that apply)			Age Group: (Check all that apply)	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery      x <input type="checkbox"/> Emergency Department			<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				
Emergency Department = Average number of visits per day (Total Visits/365 days):			64	
Position	Shift Length	Number of Staff Ordinarily Assigned		
		Days	Evenings	Nights
RNs	8 /10/12 hours	6	7	3.5
LPNs	NA			
CNAs	8 hours	1.5	1.5	1
Other (Specify):	NA			
	NA			
Total Direct Care Providers:		7.5	8.5	4.5
Comments:				

<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
Center 4		Surgical,Oncology/ Telemetry		17
<b>Type of Unit:</b> <i>Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			x <input checked="" type="checkbox"/> Adult  <input type="checkbox"/> Pediatric  <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				16
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8/12hours	4	4	3
LPNs	NA			
CNAs	8 hours	2	2	1
Other (Specify):	NA			
	NA			
<b>Total Direct Care Providers:</b>		6	6	4
<b>Comments:</b>				

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
East 4		Surgical Orthopedics/ Neuro		0
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input checked="" type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			x <input type="checkbox"/> Adult  <input type="checkbox"/> Pediatric  <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				16
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours	3	3	3
LPNs	NA			
CNAs	8 hours	2	2	1
Other (Specify):	8 hours			
	8 hours			
<b>Total Direct Care Providers:</b>		5	5	4
<b>Comments:</b>				

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
Center 3		Medical/Telemetry		16
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit			<input checked="" type="checkbox"/> Adult	
<input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit			<input type="checkbox"/> Pediatric	
<input checked="" type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit			<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				15
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours	3	3	3
LPNs	NA			
CNAs	8 hours	2	2	1
Other (Specify):	NA			
	NA			
<b>Total Direct Care Providers:</b>		5	5	4
<b>Comments:</b>				



Patient Care Unit Name:		Specialty Service (i.e., orthopedics,		# of Telemetry Beds:
East 3		NICHE / General Medical /Telemetry		12
Type of Unit: (Check all that apply)			Age Group: (Check all that apply)	
<input type="checkbox"/> Critical Care/ Intensive Care Unit			<input type="checkbox"/> Adult	
<input type="checkbox"/> Step-Down/ Intermediate Care Unit			<input type="checkbox"/> Pediatric	
<input checked="" type="checkbox"/> General Medical/Surgical Unit			<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery				
<input type="checkbox"/> Psychiatric Unit				
<input type="checkbox"/> Rehabilitation Unit				
<input type="checkbox"/> Transitional Care Unit				
<input type="checkbox"/> Emergency Department				
Number of patients upon which staffing plan is based (Average Daily Census):				10
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned		
		Days	Evenings	Nights
RNs	8 hours	2	2	2
LPNs	NA			
CNAs	8 hours	2	2	2
Other (Specify):	NA			
	NA			
Total Direct Care Providers:		4	4	4
Comments:				

<b>Patient Care Unit Name:</b>		<b>Specialty Service (i.e., orthopedics,</b>		<b># of Telemetry Beds:</b>
Critical Care				14
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input checked="" type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>			12	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RNs	8 hours/12hrs	6	6	6
LPNs	NA			
CNAs	8 hours	1	1	1
Other (Specify):	NA			
	NA			
<b>Total Direct Care Providers:</b>		7	7	7
<b>Comments:</b>				

Patient Care Unit Name:		Specialty Service (i.e., orthopedics,		# of Telemetry Beds:
East 2		Step Down Unit		22beds
Type of Unit: (Check all that apply)			Age Group: (Check all that apply)	
<input type="checkbox"/> Critical Care/ Intensive Care Unit			<input type="checkbox"/> Psychiatric Unit	
<input checked="" type="checkbox"/> Step-Down/ Intermediate Care Unit			<input type="checkbox"/> Rehabilitation Unit	
<input type="checkbox"/> General Medical/Surgical Unit			<input type="checkbox"/> Transitional Care Unit	
<input type="checkbox"/> Obstetrical Unit/ Nursery			<input type="checkbox"/> Emergency Department	
Number of patients upon which staffing plan is based (Average Daily Census):			16	
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned		
		Days	Evenings	Nights
RNs	8 hours/12hours	4	4	4
LPNs	NA			
CNAs	8 hours	2	2	2
Other (Specify):	NA			
	NA			
Total Direct Care Providers:		6	6	6
Comments:				